

Case Number:	CM14-0180646		
Date Assigned:	11/05/2014	Date of Injury:	07/14/1997
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69 year old female with a date of injury of 7-14-1997. She presented to the treating physician on 9-23-2014 complaining of continuing pain in the shoulders and back, worse in the evenings. She had been using over the counter medications and ice. She had used Lyrica in the past which was effective. The physical exam revealed an antalgic gait, mild weakness of the right upper extremity, diminished lumbar range of motion, and tenderness of the lumbar spinous processes and the myofascial tissue. The diagnoses included cervicalgia, lumbago, and pain in a joint. Flexeril 10 mg at bedtime was started as was Lyrica in a tapering upwards regimen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lyrica 75mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-convulsants Page(s): 19.

Decision rationale: Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for

both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. Lyrica is also approved for use in fibromyalgia. In this instance, the injured worker does not appear to possess a neuropathy and does not have a diagnosis of fibromyalgia. Therefore, Lyrica 75mg #120 is not medically necessary.

Flexeril 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: Flexeril is recommended as an option for muscular pain and spasm, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this instance, this seems to be a new prescription for Flexeril, written for a 30 day supply and without refills. The injured worker does have back pain associated with spasm. Because the prescription was written for an appropriate condition and the intent appears to be brief therapy, Flexeril 10mg #30 is medically necessary.